FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

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OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response. 16.00

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SECTION 4(6), AND/OR	DATE RECEIVED
UNIFORM LIMITED OFFERING EXEM	PTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
DOWNTOWN INDY. L.L.C.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE SECTOR DESIGNED
A. BASIC IDENTIFICATION DATA	APR B 9 9664
1. Enter the information requested about the issuer	2004
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	152 stitlen
Address of Executive Offices Downtown Indian L. L. C. (Number and Street, City, State, Zip Code)	Telephone Number (Including Trea Code)
3495 COOLIDGE ROAD EAST LANSING, H148823 Address of Principal Business Operations (Number and Street, City, State, Zip Code)	(517) 337-8900
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code PROCESSEI
Brief Description of Business	APR 26 2004
CONSTRUCTION AND OPERATION OF HOTE	THOMSON
Type of Business Organization	olease specify):
Month Year	TEO LIABILITY COMPANY
Actual or Estimated Date of Incorporation or Organization:	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	: MI
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 17d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manuall photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only repo	rt the name of the issuer and offering, any changes

Filing Fee: There is no federal filing fee.

not be filed with the SEC.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC II	ENTIFIC	ATION DATA		(* #(*)	
2. Enter the information re	equested for the fo	llowing:					
• Each promoter of	the issuer, if the is	suer has been organized	within the	past five years;			
 Each beneficial ow 	ner having the pow	ver to vote or dispose, or d	lirect the vo	ote or disposition	of, 10% or more	of a class	of equity securities of the issuer.
• Each executive off	ficer and director o	f corporate issuers and o	f corporate	general and mar	naging partners o	f partne	rship issuers; and
• Each general and r	nanaging partner c	of partnership issuers.					
Check Box(es) that Apply:	Promoter	Beneficial Owner		ecutive Officer	☐ Director		General and/or
H.R.C. PROPER Full Name (Last name first, i	_		_		ليبيا		Managina Bastuas
	•				•		
3495 COOLI Business or Residence Addre	DGE ROA	D EAST LAN	15 1 N C	, MI 49	8853		
Business of Residence Addre	ss (Number and	Street, City, State, Zip C	(ode)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	[Ex	ecutive Officer	Director	lacktriangle	General and/or Managing Partner
H, R, C, PROPE Full Name (Last name first, i	RT185 L.I	L.C., AMICH	IGAN	L.L.C.	OE A RO	MKE	Managing Partner BER
3495 COOLI	DGE BOX	D EAST LAN	احراكا	5 . HI 45	8823		
3495 Coo L 1 Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)				***************************************
		•					
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Ex	ecutive Officer	Director	13	General and/or
HOL DOVER	- 5156 1	_	C- 0 N	1166	V+117 /	uA.	Managing Partner TUSAK, MENBER
HRC PROPERTUIL Name (Last name first, i	f individual)	CI A MICHI	GAN.	<u> </u>	MINIO.	<u> </u>	TUSHE , MEMBER
3495 COOLI	ss (Number and	Street, City, State, Zip C	ode)	no incl	-10425		
	(- · · · · · · · · · · · · · · · · · · ·	,				
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Ex	ecutive Officer	Director		General and/or
		• ,	<u></u>				Managing Partner
Ull Name (Last name first, i	f individual)						
_		10 = 100	LANIC	ilia li		.	
3495 COOL	ss (Number and	Street City State Zin C	<u>LA (0 3</u> ode)	1100, M	1 -4887		
domest of residence / tage	is (ivalification)	oneet, eny, state, zip e	000)				
Check Box(es) that Apply:	Promoter	Beneficial Owner	□ Fx	ecutive Officer	Director		General and/or
meek box(es) that Apply.	Tromoter	Beneficial Owner		ccutive Officer	Bilector	LJ '	Managing Partner
'ull Name (Leat name first i	E in dividual)						
ull Name (Last name first, i	i individuai)						
Daile Add		Charle City Charles 7in C	- 4-)				
susiness or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)				
Marala Day (ca) all (cha)							
Check Box(es) that Apply:	Promoter	Beneficial Owner	∐ Ex	ecutive Officer	Director	□ '	General and/or Managing Partner
- tr.,						· · · · · · · · · · · · · · · · · · ·	
ull Name (Last name first, i	f individual)						
susiness or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)				•
		·					
theck Box(es) that Apply:	Promoter	Beneficial Owner	Ex	ecutive Officer	Director		General and/or
							Managing Partner
ull Name (Last name first, i	f individual)						
susiness or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)				
	(Use blan	nk sheet, or copy and use	additiona	copies of this sh	heet, as necessary	()	

() ()))				X 54, 56, 3 X 5, 54,	В. І	NFORMAT	TION ABOU	JT OFFER	ING			5973++-	
1.	Has the	issuer sole	d, or does t			ell, to non-a				=		Yes	No ⊠
2.	What is	the minim	ium investn	nent that v	vill be acce	epted from	any indivi	dual?				\$100	000.00
_		.		•								Yes	No
												X	
	commiss If a person or states	sion or sim on to be lis s, list the na	ilar remune ted is an ass	ration for s sociated pe roker or de	solicitation erson or age ealer. If me	of purchas ent of a bro ore than fiv	ers in conn ker or deale e (5) perso	ection with er registere ns to be list	n sales of se d with the S ted are asso	curities in SEC and/or	tirectly, any the offering. with a state sons of such		
		ast name	first, if ind	vidual)									
	IIA ness or I	Residence	Address (N	lumber and	1 Street C	ity State 3	Zin Code)						
Dusi	11033 01 1	Residence	Addiess (19	unioci ani	i sirect, e	ny, state, z	zip code)						
Nam	e of Ass	ociated Br	oker or De	aler									
State	s in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check '	"All States	or check	individual	States)						••••••	☐ Al	I States
	AL	AK	ΑZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
İ	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK)	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
		ast name	first, if indi	vidual)									
	A Dess of	Residence	Address (N	Jumber an	d Street C	ity State	7 in Code)						
		restaction	riddiess (1	vannoer an	a street, c	nty, State,							
Nam	e of Ass	ociated Br	oker or Dea	aler									
State	s in Whi	ich Person	Listed Has	Solicited	or Intends	to Solicit	 Purchasers						
			" or check									☐ All	States
1	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	[N	IA.	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
	•	ast name	first, if indi	vidual)									
N		Danidaaaa	Address (N	T	1 Ct		7:- Cada)						
Dusi	ness or	Residence	Address (N	number an	a Street, C	ity, State, a	Zip Code)						
Nam	e of Ass	ociated Br	oker or Dea	ıler									
State	s in Whi	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
,	(Check "	'All States	" or check	individual	States)	•••••			••••••	•••••	•••••	☐ All	States
1	ĀL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[D]
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
[MT	NE SC	[NV]	NH	NJ	NM	NY VT	NC	ND WA	OH)	OK W()	OR WV	PA
l	RI	SC	SD	TN	TX	UT	V 1	VA	WA	WV	1W	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	54,000,000	
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	
	Other (Specify)	5	\$
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	, , , , , , , , , , , , , , , , , , , ,	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	NIA	\$ <u>N/A</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		·
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total	_N/ <i>k</i>	s NIA
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		s NIA

;	o. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Quoroceeds to the issuer."	uestion 4.a. T	his difference is the "adjusted	d gross	\$4,000,000
(ndicate below the amount of the adjusted gross proce each of the purposes shown. If the amount for any pheck the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	purpose is no ne payments li	t known, furnish an estima sted must equal the adjusted	te and	
				Payments to Officers, Directors, & Affiliates	Payments to Others
5	alaries and fees				. 🗆 \$
]	urchase of real estate			🗀 \$	
1	'urchase, rental or leasing and installation of machine equipment	nery		S	□.\$
	Construction or leasing of plant buildings and facilit				_
4	acquisition of other businesses (including the value ffering that may be used in exchange for the assets stuer pursuant to a merger)	of securities or securities	involved in this of another	_	_ ,
	Lepayment of indebtedness			_	_
١	Vorking capital				S 655,000
	Other (specify):	******			•
-	4444			 	\$
(olumn Totals			s NONE	\$ <u></u> 4,000,000
7	otal Payments Listed (column totals added)			[<u>\$_</u>	1,000,000
		D. FEDERA	L SIGNATURE	A STATE OF THE STA	
gna	suer has duly caused this notice to be signed by the un ure constitutes an undertaking by the issuer to furnis formation furnished by the issuer to any non-accred	dersigned du	ly authorized person. If this Securities and Exchange C	notice is filed under Ru ommission, upon writte	le 505, the following
		ignature	pursuant to paragraph (b)(2) of Rule 502. Date	

ERRY L. HALL, MEMBER MEMBER

DOWNTOWN INDY

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	Ио
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is fit D (17 CFR 239.500) at such times as required by state law.	led a no	tice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informati issuer to offerees.	on furn	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entilimited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claim of this exemption has the burden of establishing that these conditions have been satisfied.		
	ther has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf thorized person.	f by the	undersigned
	Print or Type) INTOWN INDY L.L.C. Signature Signature Signature Signature 1/21/0	4	
Name (F	Print or Type) PROPERTIES, L.L.C.	1	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1		2	3			4		5		
	to non-a	I to sell accredited as in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL		×	6	0	0	0	O		×	
AK		X	0	0	8	0	0		X	
AZ		X	0	0	0	0	O		X	
AR		X	0	0	0	6	0		X	
CA		X	0	0	O	0	6		X	
СО		X	0	0	Ô	0	0		X	
СТ		×	0	0	0	0	0		X	
DE		X	0	D	0	٥	Ø		X	
DC		X	0	0	0	0	0		X	
FL		X	0	0	0	0	0		X	
GA		×	0	0	0	0	Ô		X	
НІ		×	0	0	0	0	0		K	
ID		X	6	0	0	0	0		×	
IL		×	EQUITY 4,000,000	0	Ø	0	6		*	
IN		×	4,000,000 EQUITY 4,000,000	0	0	0	0		X.	
IA		X	0	0	0	0	6		X	
KS		X	0	0	0	0	0	-	X	
KY		X	0	0	0	0	0		X	
LA	:	×	0	Ö	0	0	0		X	
ME		X	0	Ó	0	0	0		K	
MD		×	0	0	Ô	0	0		X	
MA		×	0	Ö	0	0	۵		K	
МІ		X	EQUITY 4,000,000	Ô	0	0	ව		K	
MN		X	0	0	٥	٥	0		X	
MS		1	0	0	6	0	0		X	

*	APPENDIX										
1	to non-a	d to sell accredited as in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
МО		×	0	0	0	0	Ó		X		
MT		X	0	0	0	0	6		X		
NE		X	0	0	0	O	0		X		
NV		X	0	0	0	0	0		X		
NH		X	0	D	0	0	0		×		
NJ		X	0	0	0	0	0		×		
NM		X	0	0	0	0			~		
NY		X	0	0_	0	0	0		X		
NC		x	0	0	0	0	0		K		
ND		X	0	0 .	0	0	0		X		
ОН		X	EQUITY 4,000,000	0	0	0	0		X		
ОК		X	0	0	D _i	0	0		~		
OR		X	0	0	0	0	0		~		
PA		X	0	0	0	Ø	0		~		
RI		/	0	0	0	0	0		4		
SC		X	0	0	0	0	0		K		
SD		X	0	0	6	0	0		K		
TN		X	0	0	0	0	0		X		
TX		X	0	0	0	O	0		X		
UT		X	٥	0	0	0	0		X		
VT		X	δ	0	0	0	0		K		
VA		×	0	0	0	0	σ		K		
WA		1	0	0	0	0	0		X		
wv		X	0	0	0	0	6		X		
WI		1	6	0	0	0	0		X		

				APP	ENDIX				
1	Intend to non-a investor	2 d to sell accredited s in StateItem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY		×	0	0	0	O	0		×
PR		X	0	0	0	0	0		X

STATE OF OHIO

Telephone: (614) 644-7381 Department of Commerce, Division of Securities 77 South High Street, Columbus, Ohio 43215-6131

File No.	
THE INO.	

Form 3-W REPORT OF PROPOSED SALE OF SECURITIES 1707.03(W)

Division Record	Date	Checked By	1	Notation
	Date	Бу		rotation
Fee (\$100) received				
Prior registrations checked				
Examined as to form				
Amendment requested	ł			
Record made		 		
Examination requested				
Exemption 3-W (Claimant Must Not Fill	In.)			
(File) (Date) (Amount)		: (De	scription)	(Price)
		· · · · · · · · · · · · · · · · · · ·		
structions				
			. ,	oegin.
· ·	6E ROAD E	DY , L,L,C	المربدا بالالاء	3: (517)337-8900 (Phone No.)
Issuer's full name	be ROAD E iry, State, Zip Code) Type of	DY , L,L,C	المربدا بالالاء	3: (517)337-8900 (Phone No.)
Issuer's full name	be ROAD E iry, State, Zip Code) Type of could be sent to:	CAST LANSING ENTITY LIMITS	Corporation, Partner	3: (517)337-8900 (Phone No.) TY COMPANY riship, etc.)
Issuer's full name	be ROAD siry, State, Zip Code) Type of sould be sent to: 3495 Cool Coirce)	CAST LANSING ENTRY LIMITS	Corporation, Partne	3: (517)337-8900 (Phone No.) TV COMPANY riship, etc.)
Issuer's full name	be ROAD E ity, State, Zip Code) Type of tould be sent to: 3495 Cool C itreet) ection 1707.03(W	CAST LANGING ENTITY LIMITS	Corporation, Partner (ST LANSING (X) State, Zip Code)	3: (517)337-8900 (Phone No.) TV COMPANY (Phone No.) (Phone No.)
Issuer's full name DOWNTO Issuer's address 3495 COOLID (Street, C) State of incorporation/formation M Correspondence regarding this report sh H. R. C. PROPERTIES, L. L.C (Name) (S Securities to be offered in Ohio under S Type of Securities	be ROAD sity, State, Zip Code) Type of tould be sent to: 3445 Cool Citreet) ection 1707.03(W	EAST LANGING ENTITY LIMITS OGE ROAD E. (Cit) Nu.	Corporation, Partner +ST LANSING y, State, Zip Code)	31 (517)337-8900 (Phone No.) TV COMPANY (Phone No.) (Phone No.)
Issuer's full name DOWNTO Issuer's address 3495 COOLID (Street, C) State of incorporation/formation M Correspondence regarding this report sh H. R. C. PROPERTIES, L. L.C (Name) (S Securities to be offered in Ohio under S Type of Securities	be ROAD E ity, State, Zip Code) Type of tould be sent to: 3495 Cool C itreet) ection 1707.03(W	EAST LANGING ENTITY LIMITS OGE ROAD E. (Cit) Nu.	Corporation, Partner (ST LANSING (X) State, Zip Code)	3: (517)337-8900 (Phone No.) TV COMPANY (Phone No.) (Phone No.)
Issuer's full name State of incorporation/formation Correspondence regarding this report sh H. R. C. PROPERTIES, L. L.C. (Name) Securities to be offered in Ohio under S Type of Securities	be ROAD sity, State, Zip Code) Type of tould be sent to: 3445 Cool Citreet) ection 1707.03(W	EAST LANGING ENTITY LIMITS OGE ROAD E. (Cit) Nu.	Corporation, Partner +ST LANSING y, State, Zip Code)	31 (517)337-8900 (Phone No.) TV COMPANY (Phone No.) (Phone No.)
Issuer's full name	be ROAD sity, State, Zip Code) Type of tould be sent to: 3445 Cool Citreet) ection 1707.03(W	EAST LANGING ENTITY LIMITS OGE ROAD E. (Cit) Nu.	Corporation, Partner +ST LANSING y, State, Zip Code)	31 (517)337-8900 (Phone No.) TV COMPANY (Phone No.) (Phone No.)
State of incorporation/formation	be ROAD E ity, State, Zip Code) Type of tould be sent to: 3495 Cool C itreet) ection 1707.03(W Price Per Unit 0,000.00	CAST LANSING ENTITY LIMITS OGE ROAD E. (Cir.) Nu. 4	Corporation, Partner +ST LANSING y, State, Zip Code)	31 (517)337-8900 (Phone No.) TV COMPANY (Phone No.) (Phone No.)

7.	List any commission, discounts of the securities to be offered u			be paid or g	iven to any person, directly	or indirectly, for sales in Ohio
	Name and address of persons receiving commissions, etc.		Amount of commission, et	<u>c.</u>	Percentage of the Initial Offering Price	Ohio Dealer <u>License #</u>
	NONE		NONE		NONE	340H
	······································					
8.	Does the issuer know or in the to (f) of Regulation A under th			now that any	of following apply to any p	erson described in Rule 252(c)
	(i) The person has filed an applits officers, directors, general parfiling of notice required under registration statement. YES	rtners, c Section	controlling persons or affilia n 1707.03(W)(3) denying	ites thereof, p	ursuant to the law of any si	rate within five years before the
	(ii) The person has been conviction involving fraud or deceit, include					
	(iii) The person is subject to ar before the filing of a notice req securities registration, that proh untrue statement of a material f	uired u libits th	inder Section 1707.03(W) e transaction of business by	(3), that prob the person :	nibits, denies, or revokes that as a broker or dealer, or tha	ne use of any exemption from
	(iv) The person is subject to an under Section 1707.03(W)(3), tinuing any conduct or practice ☐ YES XNO	tempora	arily, preliminarily, or perm	anently restr	aining or enjoining the per	rson from engaging in or con-
If a	ny of the above questions were an	swered	yes, explain:		· · · · · · · · · · · · · · · · · · ·	<u></u> .
9.	Incorporated issuers not domicil must file a Form 11 or Form U-			issuers having	g a situs of its principal plac	te of business outside this state
10.	Will an offering circular be used If yes, attach a copy.	in con	nection with this offering?	XYES C	INO	
			,			
	4		SIGNA	TURE		
state indi	e issuer represents that the forego ement used for the purpose of s ividual signing this report on beh	elling s	ecurities in Ohio within t	he meaning	of Section 1707.44(B) of	the Ohio Revised Code. The
lssu		<u>- </u>	(Full Name)			
Ву	(Signature)		· · · · · · · · · · · · · · · · · · ·	(Date)		
	TERRY L. HALL (Please Print or type Name)			CM BE TO Official Capacit		
			· ·		, ·	

The Division suggests Form 3-W be sent certified mail for verification of receipt, or send a copy of this form together with a self-addressed, stamped envelope.

Form U-2 Uniform Consent to Service of Process

KNOW	ALL	MEN	BY	THESE	PRESENTS:
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organized nomenclan registration their succe process or or out of v any such ac within the	that the undersigned Downtown (NO) under the laws of MICHIGAN ure] for purposes of complying with the laws of a or sale of securities, hereby irrevocably appoints assors in such offices, its attorney in those States is pleading in any action or proceeding against it arisiciolation of the aforesaid laws of the States so designated hereunder by service of process andersigned was organized or created under the law that State.	or (an indicate the States indicate the officers of the condition of the condition of the condition of the condition of the unit of the condition of the unit of the condition o	dividual); [strike out inapplicable ted hereunder relating to either the States so designated hereunder and in whom may be served any notice, onnection with, the sale of securities adersigned does hereby consent that petent jurisdiction and proper venue is so designated with the same effect	•
	It is requested that a copy of any notice, process or	r pleading served h	nereunder be mailed to:	
	R. C. PROFERTIES, L.L.C. (Name)		4	
	195 COOLIDGE ROAD EAST (Address)	LANSIN	6, MI 48823	
	" before the names of all the States for which the peach State as its attorney in that State for receipt of state		s form is appointing the designated	
AL	Secretary of State	FL	Dept. of Banking and Finance	
AK	Administrator of the Division of Banking and Corporations, Department of Commerce and Economic Development	GA	Commissioner of Securities	
AZ	The Corporation Commission	GUAM	Administrator, Department of Finance	
AR	The Securities Commissioner	HI	Commissioner of Securities	
CA	Commissioner of Corporations	ID	Director, Department of Finance	
CO	Securities Commissioner	χ'n	Secretary of State	
СТ	Banking Commissioner	Xw .	Secretary of State	
DE	Securities Commissioner	IA	Commissioner of Insurance	
DC	Dept. of Insurance & Securities Regulation	KS	Secretary of State	
KY	Director, Division of Securities	<u>Х</u> он	Secretary of State	
LA	Commissioner of Securities	OR	Director, Department of Insurance and Finance	
ME	Administrator Sequrities Division	OK	Securities Administrator	

CORPORATE ACKNOWLEDGMENT

State or Province of) County of) ss.			
On this day of, 2	20	before me	the
undersigned officer, personally appeared			known
personally to me to be the	of the a	bove named corporation and	
acknowledged that he, as an officer being authorize	ed so to	do, executed the foregoing in	strument for
the purposes therein contained, by signing the name	e of the	corporation by himself as an	officer.
IN WITNESS WHEREOF I have hereunto set my	hand an	d official seal.	
	Nota	ry Public/Commissioner of O	ath
	Му	Commission Expires	
State or Province of MChique County of Man ss. On this Hayday of April		L, before me, LLVV L.	the
On this day of the undersigned officer, personally appeared		before me, the to me p	ersonally
known and known to me to be the same $person(s)$ v	whose n	ame(s) is (are) signed to the fo	oregoing
instrument, and acknowledged the execution thereo	of for th	uses and purposes therein se	t forth.
In WITNESS WHEREOF I have hereunto set my h		sulle / True	acheu_
PAMELA J. MUENCHEN Notary Public, Ingham Co., MI My Comm. Expires Dec. 26, 2007	My	ry Public/Complissioner of O	6/0 7

(SEAL)

MD	Commissioner of the Division of Securities	PA	Pennsylvania does not require filing of a Consent to Service of Process
MA	Secretary of State	PR	Commissioner of Financial Institutions
X _MI	Commissioner, Office of Financial and Insurance Services	RI	Director of Business Regulation
MN	Commissioner of Commerce	sc	Securities Commissioner
MS	Secretary of State	SD	Director of the Division of Securities
MO	Securities Commissioner	TN	Commissioner of Commerce and Insurance
MT	State Auditor and Commissioner of Insurance	TX	Securities Commissioner
NE	Director of Banking and Finance	UT	Director, Division of Securities
NV	Secretary of State	VT	Commissioner of Banking, Insurance, Securities & Health Administration
NH	Secretary of State	VA	Clerk, State Corporation Commission
NJ	Chief, Securities Bureau	WA	Director of the Department of Licensing
NM	Director, Securities Division	wv	Commissioner of Securities
NY	Secretary of State	WI	Department of Financial
111	Secretary of State		Institutions, Division of Securities
NC	Secretary of State	WY	Secretary of State
ND	Securities Commissioner	·	
Dated this_ (SEAL)	2/07 day of	Afri	L, L, L, C.
	By Jemy	J. Xlave	6

Title

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This form is issued under Act 265, PA 1964, as amended. You must complete this form if you wish to daim exemption under Rule 803.7

MICHIGAN DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES

CORPORATION, SECURITIES AND LAND DEVELOPMENT BUREAU SECURITIES DIVISION

UNIFORM LIMITED OFFERING EXEMPTION

Consent to Service of Process and Undertaking

KNOW ALL MEN BY THESE PRESENTS:							
That Down town Indy, L.L.C. a/an LIMITED LIABILITY COMPANY (designate whether Issuer is an individual or an organization)							
of 3495 COOLIDGE ROAD FAST LANSING, MI 48823 (number, street, city, state and zip code)							
(number, street, city, state and zip code) for the purpose of complying with the laws of the state of Michigan, hereby irrevocably appoints the Administrator of the Corporation, Securities and Land Development Bureau of the Michigan Department of Consumer and Industry Services, or the Administrator's successor in office, to be the applicant's attorney to receive service of any lawful process in any noncriminal suit, action or proceeding against applicant, its successor, executor or administrator, which may arise under the Michigan Uniform Securities Act (being Act 265 of the Public Acts of 1964, as amended) or any rule or order thereunder after the filing hereof: and the applicant does hereby consent that any such suit, action or proceeding against applicant may be commenced in any court of competent jurisdiction and proper venue within the State of Michigan by service of process upon the said Administrator with the same force and validity as if served upon the applicant by service personally on its president or other chief officer, if a corporation, or one of its members if a limited liability company, or on one of its partners, if a partnership, or on one of its trustees, if a trust, or on the individual, if an individual.							
Pursuant to the provisions of Michigan Securities Rule 803.7 (R 451.803.7) Down Town							
hereby agrees that upon written request of the Administrator, it will furnish to the Administrator the information furnished by the Issuer to offerees.							
Signature Title Date							
State of Michigan County of Tusham							
County of TUMAM							
Subscribed and sworn to before me this What day of April A.D. 2004							
James X Mulleller Notary Public							
DAMELA J. BUSENCHEN Notes Public, Inglicen Co., MI My Confirm. Explice Doc. 23, 2007 County of USWAM State of Michigan On the County of							

UNIFORM FORM OF CORPORATE RESOLUTION OF

DOWNTOWN INDY L, L, C,
(Name of Corporation)

RESOLVED, that it is desirable and in the best interest of this Corporation that its securities be qualified or registered for sale in various states; that the President or any Vice President and the Secretary or an Assistant Secretary hereby are authorized to determine the states in which appropriate action shall be taken to qualify or register for sale all or such part of the securities of this Corporation as said officers may deem advisable; that said officers are hereby authorized to perform on behalf of this Corporation any and all such acts as they may deem necessary or advisable in order to comply with the applicable laws of any such states and rules thereunder, and in connection therewith to execute and file all requisite papers and documents including, but not limited to, applications, reports, surety bonds, irrevocable consents and appointments of attorneys for service of process; undertakings; and the execution by such officers of any such paper or document or the doing by them of any act in connection with the foregoing matter shall conclusively establish their authority therefor from this Corporation and the approval and ratification by this Corporation of the papers and documents so executed and the action so taken.

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned,	DOWNTO	WAII	UDY, LL	<u>,, , </u>				
(a corporation organized under the law	s of the State of	MICH	IGAN			·		
(a partnership) (an individual) (other	L, L, C,) for the purpo:	sa of complying	W
the laws of the State of Indiana relational relation and the successors in such office, its proceeding against it arising out of or undersigned does hereby consent that remus within said state by service of presence within said state by services.	attorney in the Si in connection will any such action, o	tate of Indian th the sale of or proceeding	a upon whom m securities or ou against it may b	ay be served an it of violation of e commenced in	y notice, produce the aforesaid	cess, or plead I laws of said competent jur	Ing in any action attate; and the	ה מקב
aid state and had lawfully been serve	d with process in	said state.						
	pies of any notice	, process, or	pleading served	hereunder shat	ıld be mailed	to:		
DOWNTOWN IN	DY.LL	2 ',			, ,			
Address (Street, City and State)	6E ROAS	D EAS	T LANS	ING HI		Zip	18823	

Ву:

(Seal)

Applicant's Name